

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/4

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90053 036 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000126518</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                        |                                                                   |
| 1. Entity Name<br><b>ADVANCED CHECK PROCESSING LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>2350 DELLWOOD AVE<br/>JACKSONVILLE, FL 32204 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | Mailing Address<br><b>PO BOX 350596<br/>JACKSONVILLE, FL 32235-0596 US</b>                                                              |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      | 3. Mailing Address<br><b>2350 Dellwood Ave</b>                                                                                          |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | City & State<br><b>Jax, FL</b>                                                                                                          |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                              | Zip<br><b>32204</b>                                                                                                                     | Country<br><b>Duval</b>                                           |
| 6. Name and Address of Current Registered Agent<br><b>COSTANTINI, VICTOR A<br/>2350 DELLWOOD AVE<br/>JACKSONVILLE, FL 32204</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Victor Costantini</i></u> DATE <u><b>7-30-08</b></u><br><small>(NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                  |                                                                                                                      |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | Make check payable to<br>Florida Department of State                                                                                    |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>COSTANTINI, VICTOR A<br>4783 SAN JOSE MANOR DR W #4<br>JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                                      |                                                                                                                                         |                                                                   |
| SIGNATURE: <u><i>Victor Costantini</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      | DATE <u><b>7-30-08</b></u> DAYTIME PHONE # <u><b>379-5241</b></u>                                                                       |                                                                   |

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07302008 Chg-LLC CR2E083 (12/06)

4. FEI Number **83-0502285** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

EIN - 83-0502285